

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Kenny L. Nicholson
DBA - Upstate Xpress

215800

(FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2009-125-T
NUMBER: _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kenny Nicholson
Address: 1316 B North Blvd.
Anderson, SC 29621

Telephone: 864-934-4276
Fax: _____
Other: _____
Email: KNIC73@Gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

FEB 03 2009

PSC SC
DOCKETING DEPT.

RECEIVED

MAR 16 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

2009-125-T
(FORM C-AC)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - ~~TAXI~~ ^{Charter}

DATE 1-31, 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Kenny L. Nicholson DBA Upstate Xpress

2. (a) Street Address of Applicant 1316 B North Blvd.
Anderson, SC 29621

(b) Mailing address, if different from street address _____

(c) Telephone Number 864-934-4276 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

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PSC SC
DOCKETING DEPT.

The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith. Shuttle charter MAX not to exceed \$100 per trip

The proposed list of equipment is as per Exhibit "D" included herewith.
1997 Chevy Venture

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: _____ Year: _____

Assets:	
Cash	\$1,500
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	\$2,200
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	\$1,200
Prepays and Other Assets	
Total Assets	\$4,900
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	\$425.00
Total Liabilities	\$425.00
Capital Stock	
Retained Earnings	
Total Equity	\$425.00
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Anderson

I, Kenny L. Nicholson, Owner of Upstate Xpress
(Name of Applicant's Representative) (Title)
of Anderson, SC, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At The UPS STORE Anderson SC

This the 29th day of January 2009

Megan E. Thornton
(Notary Public)

Commission Expires: Aug. 20th, 2017

Kenny L. Nicholson
(Signature of Applicant's Representative)

EXHIBIT C

CLASS C

~~TAXI~~

CHARTER ☒

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Kenny L. Nicholson

For the transportation of passengers as follows:

Area to be served: Between points and places in SC.

Number of passengers: 7

Fares: MAX \$400.00

Date 1-31-09

Kenny L. Nicholson
By

Owner
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: 1-31-09

Kenny L. Nicholson
(Applicant)

self
(Applicant's Representative)

Owner
(Title)

EXHIBIT FWA

Name: Kenny L. Nicholson
Address: 1316 B North Blvd. Anderson, SC 29621
Telephone No. 864-934-4276 Fax No. _____
U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Kenny L. Nicholson
(Applicant's Signature)

Sworn to before me

At Anderson, SC

This 7th day of March 2009

[Signature]
(Notary Public)

Commission Expires: Apr 11, 2014

Class C Charter

INSURANCE QUOTE

The following insurance quote is for:

Kenny L. Nicholson (DBA) Upstate Xpress
(Name of Motor Carrier)1316 B North Blvd. Anderson, SC 29621
(Address of Motor Carrier)Amount of Premium:Liability Insurance \$ 1732.00The above quoted premium is for a term of 12 months.Minimum Limits - Intrastate Only:

✓ 1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000
16 or more passengers	-	25,000/300,000/25,000

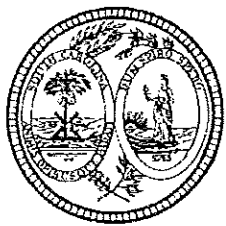
National Casualty

(Insurance Company Name)

200 Wingo way Mt Pleasant, SC 29464
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/13/09
DateKim Nickerson
(Authorized Insurance Company Representative)



Charles L.A. Terreni
Chief Clerk/Administrator
Phone: (803) 896-5133
Fax: (803) 896-5246

The Public Service Commission State of South Carolina

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Docketing Department
Phone: (803) 896-5100
Fax: (803) 896-5199

March 12, 2009

TO: Kenny Nicholson d/b/a Upstate Xpress
 1316 B North Boulevard
 Anderson, SC 29621

FROM: Janice Schmieding, Docketing Department

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

XXX Insurance Quote -- Form Enclosed - Needs to Be Completed and Submitted with the Application.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)